

By Mr. FEINGOLD (for himself, Mr. CRAIG, and Mr. KOHL):

S. 2773. A bill to amend the Agricultural Marketing Act of 1946 to enhance dairy markets through dairy product mandatory reporting, and for other purposes; to the Committee on Agriculture, Nutrition, and Forestry.

By Mr. GREGG (for himself, Mr. KERREY, Mr. BREAUX, Mr. GRASSLEY, Mr. THOMPSON, Mr. ROBB, and Mr. THOMAS):

S. 2774. A bill to amend title II of the Social Security Act to provide for individual savings accounts funded by employee and employer social security payroll deductions, to extend the solvency of the old-age, survivors, and disability insurance program, and for other purposes; to the Committee on Finance.

By Mr. DORGAN (for himself, Mr. ENZI, Mr. VOINOVICH, Mr. BREAUX, Mr. GRAHAM, Mr. HUTCHINSON, Mrs. LINCOLN, Mr. BENNETT, Mr. BRYAN, Mr. CLELAND, and Mr. THOMAS):

S. 2775. To foster innovation and technological advancement in the development of the Internet and electronic commerce, and to assist the States in simplifying their sales and use taxes; to the Committee on Finance.

By Mr. COVERDELL (for himself and Mr. TORRICELLI):

S. 2776. A bill to amend the Internal Revenue Code of 1986 to encourage charitable contributions to public charities for use in medical research; to the Committee on Finance.

By Mr. SARBANES (for himself, Mr. WARNER, Mr. ROBB, and Ms. MIKULSKI):

S. 2777. A bill to amend the National Oceanic and Atmospheric Administration Authorization Act of 1992 to revise and enhance authorities, and to authorize appropriations, for the Chesapeake Bay Office, and for other purposes; to the Committee on Commerce, Science, and Transportation.

By Mr. KOHL (for himself, Mr. DEWINE, Mr. SPECTER, Mr. LEAHY, Mr. GRASSLEY, and Mr. FEINGOLD):

S. 2778. A bill to amend the Sherman Act to make oil-producing and exporting cartels illegal; to the Committee on the Judiciary.

By Mr. SANTORUM (for himself, Mr. LIEBERMAN, Mr. ABRAHAM, Mr. KOHL, Mr. HUTCHINSON, Mr. TORRICELLI, and Mr. KERRY):

S. 2779. A bill to provide for the designation of renewal communities and to provide tax incentives relating to such communities, to provide a tax credit to taxpayers investing in entities seeking to provide capital to create new markets in low-income communities, and to provide for the establishment of Individual Development Accounts (IDAs), and for other purposes; to the Committee on Finance.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. BRYAN:

S. Res. 326. A resolution designating the Cowboy Poetry Gathering in Elko, Nevada, as the "National Cowboy Poetry Gathering"; to the Committee on Energy and Natural Resources.

By Mr. REID:

S. Res. 327. A resolution expressing the sense of the Senate on United States efforts to encourage the governments of foreign countries to investigate and prosecute crimes committed in those countries in the

name of family honor and to provide relief for victims of those crimes; to the Committee on Foreign Relations.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. KERRY (for himself and Ms. COLLINS):

S. 2766. A bill to amend title XVIII of the Social Security Act with respect to payments made under the prospective payment system for home health services furnished under the Medicare program; to the Committee on Finance.

THE EQUAL ACCESS TO HOME HEALTH CARE ACT OF 2000

• Mr. KERRY. Mr. President, I am pleased to join my colleague Senator COLLINS in introducing the Equal Access to Medicare Home Health Care Act. This legislation will protect patient access to home health care under Medicare, and ensure that providers are able to continue serving seniors who reside in medically underserved areas.

Medicare was enacted in 1965, under the leadership of President Lyndon Johnson, as a promise to the American people that, in exchange for their years of hard work and service to our country, their health care would be protected in their golden years. Today, over 30 million seniors rely on the Medicare home health benefit to receive the care they need to maintain their independence and remain in their own homes, and to avoid the need for more costly hospital or nursing home care.

Home health care is critical. It is a benefit to which all eligible Medicare beneficiaries, regardless of where they live, should be entitled. But, this benefit is being seriously undermined. Since enactment of the Balanced Budget Act, BBA, of 1997, federal funding for home health care has plummeted. According to the Congressional Budget Office, CBO, Medicare spending on home health care dropped 45 percent in the last two fiscal years—from \$17.5 billion in 1998 to \$9.7 billion in 1999—far beyond the original amount of savings sought by the BBA. Across the country, these cuts have forced over 2,500 home health agencies to close and over 500,000 patients to lose their services.

In my own State of Massachusetts—a state that, because of economic efficiency, sustained a disproportionate share of the BBA cuts in Medicare home health funding—28 home health agencies have closed, 6 more have turned in their Medicare provider numbers and chosen to opt out of the Medicare program, and 12 more have been forced to merge in order to consolidate their limited resources. The home health agencies that have continued to serve patients despite the deep cuts in Medicare funding reported net operating losses of \$164 million in 1998. The loss of home health care providers in Massachusetts has cost 10,000 patients access to home health services. Consequently, many of the most vulner-

able residents in my state are being forced to enter hospitals and nursing homes, or going without any help at all.

To compound the problem, without Congressional action, Medicare payments for home health care will be automatically cut by an additional 15 percent next year. It is critical that we defend America's seniors against future cuts in home health services, and this bill will eliminate the additional 15 percent cut in Medicare home health payments mandated by the BBA. However, we must do more than attempt to stop future cuts. Indeed, it is equally as important that we begin to provide relief to home health providers who are already struggling to care for patients.

During the first year of implementation of the Interim Payment System, IPS, thousands of home health care agencies incurred overpayments because they were not notified of their per beneficiary limits until long after the limits were imposed. The provisions of this bill would extend the repayment period for IPS overpayments without interest for three years, and thereafter at an interest rate lower than currently mandated.

Under IPS, even agencies which did not incur overpayments were placed on precarious financial footing because of insufficient payments, particularly for high-cost and long-term patients. Accordingly, it is critical that we bolster the efforts of all home health care providers to transcend their current operating deficits, especially as they transition from the Interim Payment System to the Prospective Payment System, PPS.

The BBA specified that, in aggregate, PPS payments to home health providers must equal IPS payments. This adjustment—the budget neutrality factor—is expected to reduce PPS payments for home health services by 22 percent below the average Medicare costs prior to enactment of the BBA. In order to provide relief to home health providers in this budget neutral context, the Equal Access to Medicare Home Health Care Act would establish a 10 percent add-on to the episodic base payment for patients in rural areas, to reflect the increasing costs of travel, and a "reasonable cost" add-on for security services utilized by providers in our urban areas. These add-ons ensure that patients in our medically underserved communities continue to receive the home care they need and deserve.

Finally, this legislation would encourage the incorporation of telehealth technology in home care plans by allowing cost reporting of the telemedicine services utilized by agencies. Telemedicine has demonstrated tremendous potential in bringing modern health care services to patients who reside in areas where providers and technology are scarce. Cost reporting will provide the data necessary to develop a fair and reasonable Medicare reimbursement policy for telehomecare and